

HEALTH STATUS FORM
Navy Trauma Training Center (NTTC) (Fax to:323 226 4113)

1. Rotators' Full Name: _____

2. Date of last physical exam: _____

3. Age:_____ *If ≥ 35 y/o, attach copy of baseline EKG.*

EKG interpretation: _____

4. Please attach proof with date of the following viral immunities blood titers:

- a. Rubella IGG titer (Attach result)
- b. Rubeola IGG titer (Attach result)
- c. Varicella IGG titer (Attach result)
- d. Hepatitis B core total IGG/AB/HEP B V CORE antibody (IGM titers are not acceptable.)
- e. Hepatitis B surface IGG antibody titer (IGM titers are not acceptable.)
- f. Mumps IGG titer (Attach results)

▪ Tetanus Date of Last Immunization: _____

PPD Results: PPD must be drawn within 6 months of arrival.

Date Given: _____ Date Read: _____ ☐ Negative ☐ Positive

Results:_____mm Induration

If PPD is Positive, please provide CXR report information and attach a copy of the report.

☐ CXR Negative/Within Normal Limits

☐ Other, Comments _____

I am a licensed physician and by signing this form, I verify that the information provided above is accurate.

Medical Officer Signature
Medical Officer Printed Name/Stamp

Date